SECTION 1: PERSONAL INFORMATION											
Name:											
Address:											
Email Address:											
Phone No:	Phone No:				Referred by:						
Social Security No:			D	Date of Birth:							
			SECTION	. EAADLOVA	ENIT	DECIDED					
SECTION 2: EMPLOYMENT DESIRED											
Activities You											
Date You Can	Date You Can Start:   Making no bake/cook goods										
		□ Leadir	ng Kid Activities	□ Leading A	dult A	ctivities 🗆 S	ocial Me	edia Ree	els/Images		
Have you ever been convicted of a criminal offense? ☐ Yes ☐ No											
Are you legally entitled to work in the USA?						☐ Yes ☐ No					
Desired employ		-		ll Time		Part Time	□ Sec				
Starting out, we are planning to be open Mon-Sat 5 AM to 9 PM and Sun 11 AM to 7 PM, possibly later on special occasions or local events. What hours would you be reliably available:											
Sunday	Mon		Tuesday	Wednesda	1	Thursday		lav	Saturday		
Jonady	IVIOI	luay	1003004	Wednesda	y	Thorsady	Friday Saturday		Jaioraay		
			SECTION	3: EDUCATION	H NC	ISTORY					
				HIGH SCHOO	DL						
Name & Location						Years Attended			Diploma		
COLLEGE											
Name & Location						Years Attended		Degree			
TRADE NUMBERS OF CONTROL OF COURSE											
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL  Name & Location Years Attended Degree								Degree			
Tunio di boddion											

#### SECTION 4: COMMUNITY INVOLVEMENT / CLUBS INVOLVED IN / ETC. (Can list more on another sheet of paper) **GROUP/ACTIVITY FREQUENCY DUTIES PERFORMED SECTION 5: WORK EXPERIENCE** (Start with present or most recent first and work back. Can list more on another sheet of paper) Job Title #1 Start Date **End Date** May we Contact? ☐ Yes ☐ No **Company Name** Supervisor's Name **Phone Number** City / State / Zip Reason for Leaving **Duties Performed** Job Title #2 **Start Date End Date** May we Contact? ☐ Yes ☐ No **Company Name** Supervisor's Name **Phone Number** City / State / Zip **Reason for Leaving Duties Performed** Job Title #3 Start Date **End Date** May we Contact? ☐ Yes ☐ No **Company Name** Supervisor's Name **Phone Number** City / State / Zip **Reason for Leaving Duties Performed** Job Title #4 Start Date **End Date** May we Contact? ☐ Yes ☐ No **Company Name Phone Number** Supervisor's Name City / State / Zip **Reason for Leaving Duties Performed**

SECTION 6: REFERENCES								
NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED					

SECTION 7: ANY ADDITIONAL NOTES, COMMENTS, CONTINUATIONS, ETC.

SECTION 8: ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK						
APPLICANT STATEMENT						
☐ An acknowledgment of the truthfulness of the information provided	d.					
☐ Consent for the employer to conduct background checks.						
☐ Understanding of employment at-will.						
Signature of Applicant	Date					

OFFICIAL USE ONLY								
INTERVIEWER'S REMARKS								
APPROVALS								

#### **Instructions for Applicants:**

- Fill out all sections completely and accurately.
- Use additional sheets if necessary to provide complete answers.
- Sign and date the application.

#### Submission:

Return the completed application to the HR department or the location specified in the job posting.